

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:

Tiffany Denise Mack

(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)

DEBTOR(S)

Address:

**124 Elders Pond Circle
Columbia, SC 29229**

Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any):
6630

Case No. 15-06842

Chapter 13

STATEMENT OF CHANGE

In accordance with Bankruptcy Rule 1009 and Local Rule 1009-1, the undersigned hereby amends his schedules and statements as follows:

- | | | |
|----|--------------------------|----------------------------|
| 1) | Amended Schedule I: | Amended to update income |
| 2) | Amended Schedule J: | Amended to update expenses |
| 3) | Attorney Fee Disclosure: | Added to case |
| 4) | Amended Schedule E: | Amended to add creditors |

Southeast Credit Systems
4120 International Parkway, Suite 1100
Carrollton, TX 75007

Palmetto Health Lab
3091 Governors Lake Drive, Suite 500
Peachtree, GA 30071

Midlands Endoscopy
PO Box 742280
Atlanta, GA 30374

Resurgent Capital Services
PO Box 10497
Greenville, SC 29603

A Brighter Smile
1410 Colonial Life Blvd, Suite 160
Columbia, SC 29210

Columbia Plastic Surgery
3020 Sunset Blvd, Suite 100
Columbia, SC 29169

Pathology Associates of Lexington
PO Box 896156
Charlotte, NC 28289

Pitts Radiology
PO Box 602728
Charlotte, NC 28260-2728

Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169

Lexington Radiology Associates
110 E. Medical Lane, Suite 210B
West Columbia, SC 29169

MSN Management, LLC
7001 St. Andrews Road, Suite 336
Columbia, SC 29212

Tuition Options
PO Box 387
Marlton, NJ 08053

Date: August 8, 2019

/s/ Jason T. Moss
Signature of Attorney
Moss & Associates, Attorneys PA
816 Elmwood Ave.
Columbia, SC 29201
(803) 933-0202
7240
District Court I.D. Number

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:

Tiffany Denise Mack

Case No. 15-06842
Chapter 13

(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)

DEBTOR(S)

Address:
**124 Elders Pond Circle
Columbia, SC 29229**

Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any):
6630

SUPPLEMENTAL DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

Pursuant to 11 U.S.C. §329 and Fed. Bankr. R.P. 2016(b), I certify that I am the attorney for the above names debtor(s) and that I have received the funds below as compensation for services rendered or to be rendered on behalf of the debtor(s) in connection with the above-captioned case.

For legal services, I have received: \$1,299.00 from the debtor(s) to represent her in her case.

In return for the above-disclosed fee, I have agreed to render the following legal service(s) for the debtor(s):

Conversion of case from Chapter 13 to Chapter 7

I certify that the foregoing is a complete statement of my arrangement with the debtor(s) for the payment of the above-mentioned services rendered for the above-mentioned fee.

/s/ Jason T Moss
Jason T Moss
Attorney for the Debtor(s)
816 Elmwood Avenue
Columbia, South Carolina 29201
(803) 933-0202
District Court I.D. # 7240

August 8, 2019

Fill in this information to identify your case:

Debtor 1	Tiffany Denise Mack		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA			
Case number	15-06842		
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6630 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$7,403.32	\$7,403.32	\$0.00

Federal Income Taxes

2.2	SC DEPT OF REVENUE Priority Creditor's Name PO BOX 12265 Columbia, SC 29211 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6630 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$1,409.00	\$1,409.00	\$0.00
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State Taxes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1</div> <div>A BRIGHTER SMILE Nonpriority Creditor's Name 1410 COLONIAL LIFE BLVD, SUITE 160 Columbia, SC 29210 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number <u>6630</u></div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></div>	<u>\$25.00</u>

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2</div> <div>AARONS Nonpriority Creditor's Name 1015 COBB PLACE BLVD, NW Kennesaw, GA 30144 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number <u>1283</u></div> <div>When was the debt incurred? <u>7/13</u></div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u></div>	<u>\$0.00</u>
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Debtor 1 **Tiffany Denise Mack**

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Case Number (if known) **15-06842****4.3 AMERICAN MUSICAL SUPPLY**

Nonpriority Creditor's Name

PO BOX 152**Spicer, MN 56288**

Number Street City State Zip Code

Who Incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$99.67**When was the debt incurred? **12/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Line of Credit**

4.4 AMERICASH

Nonpriority Creditor's Name

880 LEE STREET, STE 302**Des Plaines, IL 60016**

Number Street City State Zip Code

Who Incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$2,300.06**When was the debt incurred? **6/13**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Cash Advance**

4.5 CAPITAL ER GROUP

Nonpriority Creditor's Name

1 CENTERPOINTE DR**STE 450****La Palma, CA 90623**

Number Street City State Zip Code

Who Incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **0148****\$1,180.00**When was the debt incurred? **11/09**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bills**

Debtor 1 **Tiffany Denise Mack**

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4.6

COLUMBIA PLASTIC SURGERY

Nonpriority Creditor's Name

3020 SUNSET BLVD**West Columbia, SC 29169**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$80.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

4.7

ECMC

Nonpriority Creditor's Name

PO BOX 64909**Saint Paul, MN 55116-0408**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1493****\$19,000.00**When was the debt incurred? **2007/2008/2009/2010**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Student Loan**

4.8

EDUCATIONAL FUNDING RESOURCES

Nonpriority Creditor's Name

SOUTH UNIVERSITY**9 SCIENCE COURT****Columbia, SC 29229**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$1,590.12**When was the debt incurred? **2008**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Student Loan**

Debtor 1 **Tiffany Denise Mack**

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4.9

ENHANCED RECOVERY

Nonpriority Creditor's Name

PO BOX 57610**Jacksonville, FL 32241**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2212****\$481.36**When was the debt incurred? **1/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-SPRINT**4.1
0**LEXINGTON MEDICAL CENTER**

Nonpriority Creditor's Name

2720 SUNSET BLVD**West Columbia, SC 29169**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$28.96**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.1
1**LEXINGTON RADIOLOGY ASSOCIATES**

Nonpriority Creditor's Name

1109 MEDICAL LANE, SUITE 210B**West Columbia, SC 29169**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6603****\$4,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

Debtor 1 **Tiffany Denise Mack**

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15-068424.1
2**MEDICAL DATA SYSTEMS**

Nonpriority Creditor's Name

2001 9TH AVE**STE 312****Vero Beach, FL 32960-6413**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8987****\$1,561.00**When was the debt incurred? **3/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**4.1
3**MEDICAL SERVICES OF AMERICA**

Nonpriority Creditor's Name

PO BOX 890412**Charlotte, NC 28289**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9350****\$878.00**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.1
4**MIDLANDS ENDOSCOPY**

Nonpriority Creditor's Name

PO BOX 742280**Atlanta, GA 30374**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$614.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

Debtor 1

Tiffany Denise Mack

Document

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Case number (if known)

15-06842

4.1
5**MSN MANAGEMENT LLC**Last 4 digits of account number **6630****\$173.60**

Nonpriority Creditor's Name

**7001 ST ANDREWS ROAD, SUITE
336**

When was the debt incurred?

Columbia, SC 29212

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another
☐ Check if this claim is for a community
debt

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

☐ Student loans☒ No☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Yes☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collections**4.1
6**NAVIENT**Last 4 digits of account number **6630****\$52,000.00**

Nonpriority Creditor's Name

PO BOX 9635When was the debt incurred? **1/05****Wilkes Barre, PA 18773**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another
☐ Check if this claim is for a community
debt

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

☒ Student loans☒ No☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Yes☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify**Student Loan**4.1
7**NPRTO SOUTH EAST**Last 4 digits of account number **7488****\$2,299.20**

Nonpriority Creditor's Name

**10619 SOUTH JORDAN GATEWAY,
STE 100**When was the debt incurred? **1/15****South Jordan, UT 84095**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community
debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Collections-KIMBRELLS**

Debtor 1 **Tiffany Denise Mack**

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15-068424.1
8**PALMETTO HEALTH BAPTIST**

Nonpriority Creditor's Name

293 GREYSTONE BLVD**Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$18,485.00**When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.1
9**PALMETTO HEALTH LABS**

Nonpriority Creditor's Name

**3091 GOVERNORS LAKE DRIVE,
SUITE 500****Norcross, GA 30071**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$81.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.2
0**PALMETTO OBGYN**

Nonpriority Creditor's Name

1333 TAYLOR STREET**Columbia, SC 29201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1131****\$1,244.88**When was the debt incurred? **1/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

4.2
1**PATHOLOGY ASSOCIATES OF LEXINGTON**

Nonpriority Creditor's Name

PO BOX 896156**Charlotte, NC 28289**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6630** **\$50.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bills**4.2
2**PETERSON'S PLANTE INTERNAL**

Nonpriority Creditor's Name

1750 LAUREL STREET**Columbia, SC 29201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0999** **\$1,194.00**When was the debt incurred? **11/07**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bills**4.2
3**PITTS RADIOLOGY**

Nonpriority Creditor's Name

PO BOX 602728**Charlotte, NC 28260**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6630** **\$26.93**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bills**

Debtor 1 **Tiffany Denise Mack**

Document Page 13 of 39

Case number (if known)

15-068424.2
4**PROGRESSIVE NORTHERN
INSURANCE**

Nonpriority Creditor's Name

PO BOX 55126**Boston, MA 02205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5157****\$163.81**When was the debt incurred? **1/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**4.2
5**RECEIVABLE SOLUTIONS**

Nonpriority Creditor's Name

1325 GARNERS LN**STE C****Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0267****\$297.00**When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-LEXINGTON RADIOLOGY**4.2
6**RECEIVABLE SOLUTIONS**

Nonpriority Creditor's Name

1325 GARNERS LN**STE C****Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0221****\$164.00**When was the debt incurred? **9/09**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-PITTS RADIOLOGY**

4.2
7

RECEIVABLE SOLUTIONS

Nonpriority Creditor's Name

1325 GARNERS LN

STE C

Columbia, SC 29210

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0456**

\$3,092.00

When was the debt incurred? **10/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-LEXINGTON COUNTY HEALTH SERVICES**

4.2
8

REGIONS BANK

Nonpriority Creditor's Name

PO BOX 2409

Houston, TX 77252

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3575**

\$202.27

When was the debt incurred? **1/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Line of Credit**

4.2
9

RESURGENT CAPITAL SERVICES

Nonpriority Creditor's Name

PO BOX 10497

Greenville, SC 29603

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6630**

\$970.33

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

Debtor 1 **Tiffany Denise Mack**

Document Page 15 of 30 Case number (if known)

15-068424.3
0**RICHLAND COUNTY TREASURER**

Nonpriority Creditor's Name

PO BOX 11947**Columbia, SC 29211**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**4.3
1**SANDHILLS PEDIATRICS**

Nonpriority Creditor's Name

1749 MARSHALL ST**Columbia, SC 29203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4197****\$200.00**When was the debt incurred? **12/11**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.3
2**SC DEPT OF SOCIAL SERVICES**

Nonpriority Creditor's Name

SNAP PROGRAM**PO BOX 1520****Columbia, SC 29202**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$2,910.24**When was the debt incurred? **1/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Overpayment**

Debtor 1 **Tiffany Denise Mack**

Document Page 16 of 30 Case number (if known)

15-068424.3
3**SC INTERNAL MEDICINE**

Nonpriority Creditor's Name

PO BOX 11416**Columbia, SC 29211**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0001****\$453.00**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.3
4**SISTERS OF CHARITY
PROVIDENCE**

Nonpriority Creditor's Name

**110 GATEWAY CORP BLVD, STE
200****Columbia, SC 29203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$1,903.76**When was the debt incurred? **1/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.3
5**SOUTHEAST CREDIT SYSTEMS**

Nonpriority Creditor's Name

**4120 INTERNATIONAL PARKWAY
SUITE 1100****Carrollton, TX 75007**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6630****\$807.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.3
6

TD BANK

Nonpriority Creditor's Name

PO BOX 129

Thorofare, NJ 08086

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5800**

\$880.21

When was the debt incurred? **1/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Line of Credit**

4.3
7

TMOBILE

Nonpriority Creditor's Name

PO BOX 2147

Southgate, MI 48195

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4896**

\$874.92

When was the debt incurred? **1/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**

4.3
8

TUITION OPTIONS

Nonpriority Creditor's Name

PO BOX 387

Marlton, NJ 08053

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6630**

\$10,915.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.3 9</div> <div style="clear: both;"></div> VERIZON Nonpriority Creditor's Name PO BOX 55126 Boston, MA 02205 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6349</u> When was the debt incurred? <u>1/13</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Services</u>	\$932.63
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address ATTORNEY GENERAL OF UNITED STATES 950 PENNSYLVANIA AVE, NW Washington, DC 20530-0001	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.1</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
--	---

Last 4 digits of account number

Name and Address NAVIENT 501 BLEECKER ST Utica, NY 13501	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---	--

Last 4 digits of account number

Name and Address PETERSON'S PLANTE INTERNAL PO BOX 126 Concord, NC 28026	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.22</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---	--

Last 4 digits of account number

Name and Address SPRINT PO BOX 7949 Overland Park, KS 66207	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.9</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
--	---

Last 4 digits of account number

Name and Address US ATTORNEY'S OFFICE ATTN DOUG BARNETT 1441 MAIN ST STE 500 Columbia, SC 29201	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.1</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
--	---

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	Total Claim <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$	<u>8,812.32</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<u>0.00</u>

Fill in this information to identify your case:

Debtor 1 Tiffany Denise Mack

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 15-06842
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Debtor 1

- ☒ Employed
☐ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Occupation

BILLING

Include part-time, seasonal, or self-employed work.

Employer's name

VBO ASSOCIATES

Occupation may include student or homemaker, if it applies.

Employer's address

1441 MAIN STREET, STE 890
Columbia, SC 29201

How long employed there? 6 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,080.89</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>3,080.89</u>	\$ <u>N/A</u>

Debtor 1 **Tiffany Denise Mack**

Case number (if known) **15-06842**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,080.89	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 262.28	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 30.81	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 172.03	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: GYM	5h.+ \$ 13.16	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 478.28	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,602.61	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,602.61 + \$ N/A	= \$ 2,602.61
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 2,602.61	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.		

Payroll Information Statement

VBO Associates, Inc.
1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 07/01/2019
Pay End Date: 07/14/2019

Advice #: 990993
Advice Date: 07/19/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amlt:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular Pay	71.52	\$1,265.19	1087.45	\$19,236.99	Fed Withholding	\$0.00	\$0.00
OT Pay @ 1.5	0.02	\$0.53	13.02	\$345.50	Fed FICA Med Hospital Ins / EE	\$20.25	\$308.40
Paid Time Off	0.50	\$8.85	73.10	\$1,293.14	Fed OASDI/Disability - EE	\$86.56	\$1,318.66
Holiday Pay	8.00	\$141.52	32.00	\$566.08	SC Withholding	\$12.52	\$208.93
Bonus	0.00	\$0.00	0.00	\$100.00			
Variable Pay	0.00	\$0.00	0.00	\$24.50			
Total:	80.04	\$1,416.09	1205.57	\$21,566.21	Total:	\$119.33	\$1,835.99

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.16	\$215.67	Bankruptcy	\$302.50	\$4,537.50	401K Match	\$3.54	\$53.91
Pre Tax Dental	\$2.66	\$39.90	Child Critical Illness	\$0.51	\$7.65			
Pre Tax Health Care	\$12.89	\$193.35	EE Critical Illness	\$6.78	\$101.70			
Vision	\$4.28	\$64.20	Group Accident	\$16.05	\$240.75			
			Gym Fees	\$11.54	\$126.90			
			Voluntary AD&D	\$1.38	\$20.70			
			Voluntary Dependent Life	\$1.71	\$25.65			
			Voluntary Employee Life	\$7.11	\$106.65			
			Voluntary Long Term Disability	\$6.51	\$97.65			
			Voluntary Short Term Dis	\$20.40	\$306.00			
Total:	\$33.99	\$513.12	Total:	\$374.49	\$5,571.15	Total:	\$3.54	\$53.91

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000990993	
Savings	15598955	\$150.00		\$888.28
Checking	15630997	\$738.28		
Total:		\$888.28	Total:	\$888.28

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 06/17/2019
Pay End Date: 06/30/2019

Advice #: 989349
Advice Date: 07/05/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Pay	72.90	\$1,289.60			Fed Withholding	\$0.00	
OT Pay @ 1.5	0.20	\$5.31			Fed FICA Med Hospital Ins / EE	\$20.31	
Paid Time Off	7.10	\$125.60			Fed OASDI/Disability - EE	\$86.85	
Bonus	0.00	\$0.00			SC Withholding	\$12.78	
Holiday Pay	0.00	\$0.00					
Variable Pay	0.00	\$0.00					
Total:	80.20	\$1,420.51			Total:	\$119.94	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.21		Bankruptcy	\$302.50		401K Match	\$3.55	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.54				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$34.04		Total:	\$374.49		Total:	\$3.55	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000989349	
Savings	15598955	\$150.00		\$892.04
Checking	15630997	\$742.04		
Total:		\$892.04	Total:	\$892.04

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 06/03/2019
Pay End Date: 06/16/2019

Advice #: 988058
Advice Date: 06/21/2019

Tiffany D Mack 124 Elders Pond Cir Columbia, SC 29229	Employee Id: VBO0098 Department: University Hospitals Location:	<table> <tr> <th>Tax Data</th><th>Federal</th><th>State</th></tr> <tr> <td>Marital Status:</td><td>Single</td><td>Single</td></tr> <tr> <td>Allowances:</td><td>9</td><td>9</td></tr> <tr> <td>Addl. Amt.:</td><td>\$0.00</td><td>\$0.00</td></tr> </table>	Tax Data	Federal	State	Marital Status:	Single	Single	Allowances:	9	9	Addl. Amt.:	\$0.00	\$0.00
Tax Data	Federal	State												
Marital Status:	Single	Single												
Allowances:	9	9												
Addl. Amt.:	\$0.00	\$0.00												

Hours And Earnings					Taxes		
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	3.17	\$84.12			Fed FICA Med Hospital Ins / EE	\$21.45	
Bonus	0.00	\$0.00			Fed OASDI/Disability - EE	\$91.73	
Variable Pay	0.00	\$0.00			SC Withholding	\$17.46	
Holiday Pay	0.00	\$0.00					
Paid Time Off	0.00	\$0.00					
Total:	83.17	\$1,499.32			Total:	\$130.64	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.99		Bankruptcy	\$302.50		401K Match	\$3.75	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.54				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term	\$6.51				
			Disability					
			Voluntary Short Term Dis	\$20.40				
Total:	\$34.82		Total:	\$374.49		Total:	\$3.75	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000988058	
Savings	15598955	\$150.00		\$959.37
Checking	15630997	\$809.37		
Total:		\$959.37	Total:	\$959.37

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 05/20/2019
Pay End Date: 06/02/2019

Advice #: 986299
Advice Date: 06/07/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular Pay	67.28	\$1,190.18			Fed Withholding	\$0.00	
Paid Time Off	4.80	\$84.91			Fed FICA Med Hospital Ins / EE	\$20.25	
Holiday Pay	8.00	\$141.52			Fed OASDI/Disability - EE	\$86.60	
Bonus	0.00	\$0.00			SC Withholding	\$12.55	
OT Pay @ 1.5	0.00	\$0.00					
Variable Pay	0.00	\$0.00					
Total:	80.08	\$1,416.61			Total:	\$119.40	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.17		Bankruptcy	\$302.50		401K Match	\$3.54	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.54				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$34.00		Total:	\$374.49		Total:	\$3.54	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000986299	
Savings	15598955	\$150.00		\$888.72
Checking	15630997	\$738.72		
Total:		\$888.72	Total:	\$888.72

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

 1441 Main Street
 Suite 890
 Columbia, SC 29201

 Pay Begin Date: 05/06/2019
 Pay End Date: 05/19/2019

 Advice #: 984822
 Advice Date: 05/24/2019

 Tiffany D Mack
 124 Elders Pond Cir
 Columbia, SC 29229

 Employee Id: VBO0098
 Department: University Hospitals
 Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	0.03	\$0.80			Fed FICA Med Hospital Ins / EE	\$20.25	
Variable Pay	0.00	\$0.00			Fed OASDI/Disability - EE	\$86.56	
Paid Time Off	0.00	\$0.00			SC Withholding	\$12.51	
Bonus	0.00	\$0.00					
Holiday Pay	0.00	\$0.00					
Total:	80.03	\$1,416.00			Total:	\$119.32	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.16		Bankruptcy	\$302.50		401K Match	\$3.54	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.54				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term	\$6.51				
			Disability					
			Voluntary Short Term Dis	\$20.40				
Total:	\$33.99		Total:	\$374.49		Total:	\$3.54	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000984822	
Savings	15598955	\$150.00		\$888.20
Checking	15630997	\$738.20		
Total:		\$888.20	Total:	\$888.20

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.
1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 04/22/2019
Pay End Date: 05/05/2019

Advice #: 983307
Advice Date: 05/10/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	0.22	\$5.84			Fed FICA Med Hospital Ins / EE	\$20.32	
Bonus	0.00	\$0.00			Fed OASDI/Disability - EE	\$86.87	
Paid Time Off	0.00	\$0.00			SC Withholding	\$12.81	
Holiday Pay	0.00	\$0.00					
Variable Pay	0.00	\$0.00					
Total:	80.22	\$1,421.04			Total:	\$120.00	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.21		Bankruptcy	\$302.50		401K Match	\$3.55	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$0.00				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$34.04		Total:	\$362.95		Total:	\$3.55	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000983307	
Savings	15598955	\$150.00		\$904.05
Checking	15630997	\$754.05		
Total:		\$904.05	Total:	\$904.05

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 04/08/2019
Pay End Date: 04/21/2019

Advice #: 981987
Advice Date: 04/26/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular Pay	66.40	\$1,174.62			Fed Withholding	\$0.00	
OT Pay @ 1.5	0.03	\$0.80			Fed FICA Med Hospital Ins / EE	\$20.24	
Paid Time Off	13.60	\$240.58			Fed OASDI/Disability - EE	\$86.57	
Holiday Pay	0.00	\$0.00			SC Withholding	\$12.51	
Bonus	0.00	\$0.00					
Variable Pay	0.00	\$0.00					
Total:	80.03	\$1,416.00			Total:	\$119.32	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.16		Bankruptcy	\$302.50		401K Match	\$3.54	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$0.00				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$33.99		Total:	\$362.95		Total:	\$3.54	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000981987	
Savings	15598955	\$150.00		\$899.74
Checking	15630997	\$749.74		
Total:		\$899.74	Total:	\$899.74

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.
1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 03/25/2019
Pay End Date: 04/07/2019

Advice #: 980426
Advice Date: 04/12/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	0.02	\$0.53			Fed FICA Med Hospital Ins / EE	\$21.69	
Bonus	0.00	\$100.00			Fed OASDI/Disability - EE	\$92.74	
Paid Time Off	0.00	\$0.00			SC Withholding	\$18.51	
Variable Pay	0.00	\$0.00					
Holiday Pay	0.00	\$0.00					
Total:	80.02	\$1,515.73			Total:	\$132.94	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$15.16		Bankruptcy	\$302.50		401K Match	\$3.79	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$0.00				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$34.99		Total:	\$362.95		Total:	\$3.79	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000980426	\$984.85
Savings	15598955	\$150.00		
Checking	15630997	\$834.85		
Total:		\$984.85	Total:	\$984.85

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 03/11/2019
Pay End Date: 03/24/2019

Advice #: 979267
Advice Date: 03/29/2019

Tiffany D Mack 124 Elders Pond Cir Columbia, SC 29229	Employee Id: VBO0098 Department: University Hospitals Location:	<table> <tr> <th>Tax Data</th><th>Federal</th><th>State</th></tr> <tr> <td>Marital Status:</td><td>Single</td><td>Single</td></tr> <tr> <td>Allowances:</td><td>9</td><td>9</td></tr> <tr> <td>Addl. Amt.:</td><td>\$0.00</td><td>\$0.00</td></tr> </table>	Tax Data	Federal	State	Marital Status:	Single	Single	Allowances:	9	9	Addl. Amt.:	\$0.00	\$0.00
Tax Data	Federal	State												
Marital Status:	Single	Single												
Allowances:	9	9												
Addl. Amt.:	\$0.00	\$0.00												

Hours And Earnings					Taxes		
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Pay	75.00	\$1,326.75			Fed Withholding	\$0.00	
OT Pay @ 1.5	4.00	\$106.14			Fed FICA Med Hospital Ins / EE	\$21.77	
Paid Time Off	5.00	\$88.45			Fed OASDI/Disability - EE	\$93.10	
Variable Pay	0.00	\$0.00			SC Withholding	\$18.90	
Holiday Pay	0.00	\$0.00					
Total:	84.00	\$1,521.34			Total:	\$133.77	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$15.21		Bankruptcy	\$302.50		401K Match	\$3.80	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$0.00				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$35.04		Total:	\$362.95		Total:	\$3.80	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000979267	\$989.58
Savings	15598955	\$150.00		
Checking	15630997	\$839.58		
Total:		\$989.58	Total:	\$989.58

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 02/25/2019
Pay End Date: 03/10/2019

Advice #: 977665
Advice Date: 03/15/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	0.02	\$0.53			Fed FICA Med Hospital Ins / EE	\$20.24	
Paid Time Off	0.00	\$0.00			Fed OASDI/Disability - EE	\$86.54	
Holiday Pay	0.00	\$0.00			SC Withholding	\$12.49	
Variable Pay	0.00	\$0.00					
Total:	80.02	\$1,415.73			Total:	\$119.27	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.16		Bankruptcy	\$302.50		401K Match	\$3.54	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.50				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$33.99		Total:	\$374.45		Total:	\$3.54	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000977665	\$888.02
Savings	15598955	\$150.00		
Checking	15630997	\$738.02		
Total:		\$888.02	Total:	\$888.02

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.

1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 02/11/2019
Pay End Date: 02/24/2019

Advice #: 976210
Advice Date: 03/01/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	1.03	\$27.33			Fed FICA Med Hospital Ins / EE	\$20.99	
Variable Pay	0.00	\$24.50			Fed OASDI/Disability - EE	\$89.73	
Holiday Pay	0.00	\$0.00			SC Withholding	\$15.54	
Paid Time Off	0.00	\$0.00					
Total:	81.03	\$1,467.03			Total:	\$126.26	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.67		Bankruptcy	\$302.50		401K Match	\$3.67	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.54				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$34.50		Total:	\$374.49		Total:	\$3.67	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000976210	\$931.78
Savings	15598955	\$150.00		
Checking	15630997	\$781.78		
Total:		\$931.78	Total:	\$931.78

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.
1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 01/28/2019
Pay End Date: 02/10/2019

Advice #: 974475
Advice Date: 02/15/2019

Tiffany D Mack
124 Elders Pond Cir
Columbia, SC 29229

Employee Id: VBO0098
Department: University Hospitals
Location:

Tax Data	Federal	State
Marital Status:	Single	Single
Allowances:	9	9
Addl. Amt.:	\$0.00	\$0.00

Hours And Earnings					Taxes		
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	0.40	\$10.61			Fed FICA Med Hospital Ins / EE	\$20.39	
Paid Time Off	0.00	\$0.00			Fed OASDI/Disability - EE	\$87.17	
Holiday Pay	0.00	\$0.00			SC Withholding	\$13.09	
Total:	80.40	\$1,425.81			Total:	\$120.65	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$14.26		Bankruptcy	\$302.50		401K Match	\$3.56	
Pre Tax Dental	\$2.66		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.54				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term	\$6.51				
			Disability					
			Voluntary Short Term Dis	\$20.40				
Total:	\$34.09		Total:	\$374.49		Total:	\$3.56	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00080000974475	\$896.58
Savings	15598955	\$150.00		
Checking	15630997	\$746.58		
Total:		\$896.58	Total:	\$896.58

Non-Negotiable

Payroll Information Statement

VBO Associates, Inc.
1441 Main Street
Suite 890
Columbia, SC 29201

Pay Begin Date: 01/14/2019
Pay End Date: 01/27/2019

Advice #: 972799
Advice Date: 02/01/2019

Tiffany D Mack 124 Elders Pond Cir Columbia, SC 29229	Employee Id: VBO0098 Department: University Hospitals Location:	<table> <tr> <th>Tax Data</th><th>Federal</th><th>State</th></tr> <tr> <td>Marital Status:</td><td>Single</td><td>Single</td></tr> <tr> <td>Allowances:</td><td>9</td><td>9</td></tr> <tr> <td>Addl. Amt.:</td><td>\$0.00</td><td>\$0.00</td></tr> </table>	Tax Data	Federal	State	Marital Status:	Single	Single	Allowances:	9	9	Addl. Amt.:	\$0.00	\$0.00
Tax Data	Federal	State												
Marital Status:	Single	Single												
Allowances:	9	9												
Addl. Amt.:	\$0.00	\$0.00												

Hours And Earnings					Taxes		
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Pay	80.00	\$1,415.20			Fed Withholding	\$0.00	
OT Pay @ 1.5	3.83	\$101.63			Fed FICA Med Hospital Ins / EE	\$21.70	
Holiday Pay	0.00	\$0.00			Fed OASDI/Disability - EE	\$92.81	
Paid Time Off	0.00	\$0.00			SC Withholding	\$18.58	
Total:	83.83	\$1,516.83			Total:	\$133.09	

Before-tax Deductions			After-tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	\$15.17		Bankruptcy	\$302.50		401K Match	\$3.79	
Pre Tax Dental	\$2.68		Child Critical Illness	\$0.51				
Pre Tax Health Care	\$12.89		EE Critical Illness	\$6.78				
Vision	\$4.28		Group Accident	\$16.05				
			Gym Fees	\$11.54				
			Voluntary AD&D	\$1.38				
			Voluntary Dependent Life	\$1.71				
			Voluntary Employee Life	\$7.11				
			Voluntary Long Term Disability	\$6.51				
			Voluntary Short Term Dis	\$20.40				
Total:	\$35.00		Total:	\$374.49		Total:	\$3.79	

Direct Deposit Distributions			Net Pay Distributions	
Account Type	Account Number	Deposit Amount	Advice #00000000972799	
Savings	15598955	\$150.00		\$974.25
Checking	15630997	\$824.25		
Total:		\$974.25	Total:	\$974.25

Non-Negotiable

Fill in this information to identify your case:

Debtor 1 Tiffany Denise Mack

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 15-06842
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY _____

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Son

7

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 725.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Tiffany Denise Mack**

Case number (if known) **15-06842**

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	100.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00
6d. Other. Specify: _____	6d. \$	0.00

7. Food and housekeeping supplies

7. \$ 588.00

8. Childcare and children's education costs

8. \$ 215.00

9. Clothing, laundry, and dry cleaning

9. \$ 162.00

10. Personal care products and services

10. \$ 61.00

11. Medical and dental expenses

11. \$ 55.00

12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$ 230.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 25.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 125.00

15d. Other insurance. Specify: _____ 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: **AUTO PROPERTY TAXES**

16. \$ 22.58

17. Installment or lease payments:

17a. Car payments for Vehicle 1 17a. \$ 0.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: _____ 17c. \$ 0.00

17d. Other. Specify: _____ 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

21. Other: Specify: _____ 21. +\$ 0.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	2,518.58
\$	
\$	2,518.58

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,602.61

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 2,518.58

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ 84.03

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO EXPENSES WITHIN THE NEXT YEAR.**

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Tiffany Denise Mack

(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)

DEBTOR(S)

Address:

**124 Elders Pond Circle
Columbia, SC 29229**

Last four digits of Social-Security or Individual Tax-Payer-
Identification (ITIN) No(s), (if any):
6630

Case No. 15-06842

Chapter 13

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES THAT SHE PROPERLY SERVED THE FOREGOING NOTICE OF AMENDED SCHEDULES AND STATEMENTS TO THE CHAPTER 7 TRUSTEE VIA CM/ECF AND CREDITOR ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

Southeast Credit Systems
4120 International Parkway, Suite 1100
Carrollton, TX 75007

Palmetto Health Lab
3091 Governors Lake Drive, Suite 500
Peachtree, GA 30071

Midlands Endoscopy
PO Box 742280
Atlanta, GA 30374

Resurgent Capital Services
PO Box 10497
Greenville, SC 29603

A Brighter Smile
1410 Colonial Life Blvd, Suite 160
Columbia, SC 29210

Columbia Plastic Surgery
3020 Sunset Blvd, Suite 100
Columbia, SC 29169

Pathology Associates of Lexington
PO Box 896156
Charlotte, NC 28289

Pitts Radiology
PO Box 602728
Charlotte, NC 28260-2728

Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169

Lexington Radiology Associates
110 E. Medical Lane, Suite 210B
West Columbia, SC 29169

MSN Management, LLC
7001 St. Andrews Road, Suite 336
Columbia, SC 29212

Tuition Options
PO Box 387
Marlton, NJ 08053

Date: August 8, 2019

/s/ Jamie A. Weller
Jamie A. Weller
Bankruptcy Paralegal
Moss & Associates, Attorneys, PA
816 Elmwood Ave.
Columbia, SC 29201

Label Matrix for local noticing
0420-3
Case 15-06842-jw
District of South Carolina
Columbia
Thu Aug 8 08:27:33 EDT 2019

J. Bratton Davis United States
Bankruptcy Courthouse
1100 Laurel Street
Columbia, SC 29201-2423

AMERICASH
880 LEE STREET,STE 302
Des Plaines IL 60016-6487

American InfoSource LP as agent for
Verizon
PO Box 248838
Oklahoma City, OK 73124-8838

CAPITAL ER GROUP
1 CENTERPOINTE DR
STE 450
La Palma CA 90623-1089

ENHANCED RECOVERY
PO BOX 57610
Jacksonville FL 32241-7610

MEDICAL DATA SYSTEMS
2001 9TH AVE
STE 312
Vero Beach FL 32960-6413

NAVIENT
PO BOX 9635
Wilkes Barre PA 18773-9635

Navient Solutions, Inc. on behalf of
United Student Aid Funds, Inc.
Attn: Bankruptcy Litigation Unit E3149
PO Box 9430
Wilkes Barre, PA 18773-9430

PALMETTO OBGYN
1333 TAYLOR STREET
Columbia SC 29201-2951

ECMC Document Page 37 of 39
PO Box 16408
St. Paul, MN 55116-0408

AARONS
1015 COBB PLACE BLVD, NW
Kennesaw GA 30144-3672

ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington DC 20530-0001

(p)SECURITY FINANCE CENTRAL BANKRUPTCY
P O BOX 1893
SPARTANBURG SC 29304-1893

ECMC
PO BOX 64909
ST PAUL MN 55164-0909

IRS
PO BOX 7346
Philadelphia PA 19101-7346

MEDICAL SERVICES OF AMERICA
PO BOX 890412
CHARLOTTE NC 28289-0412

NPRT0 SOUTH EAST
10619 SOUTH JORDAN GATEWAY, STE 100
South Jordan UT 84095-3974

PALMETTO HEALTH
PO BOX 364
COLUMBIA, SC 29202-0364

PETERSON'S PLANTE INTERNAL
1750 LAUREL STREET
Columbia SC 29201-2625

SOUTHERN AUTO FINANCE COMPANY c/o PERITUS PO
P.O. Box 141419
Irving, TX 75014-1419

AMERICAN MUSICAL SUPPLY
PO BOX 152
Spicer MN 56288-0152

AmeriCash Loans of South Carolina, L.L.C.
P.O. Box 184
Des Plaines, IL 60016-0003

Brandon S. Lefkowitz
24100 Southfield Road
Suite 203
Southfield, MI 48075
Southfield, MI 48075-2851

EDUCATIONAL FUNDING RESOURCES
SOUTH UNIVERSITY
9 SCIENCE COURT
COLUMBIA SC 29203-9362

LEXINGTON MEDICAL CENTER
PO BOX 100274
COLUMBIA, SC 29202-3274

NAVIENT
501 BLEECKER ST
Utica NY 13501-2401

NPRT0 SOUTH-EAST LLC
256 WEST DATA DRIVE
DRAPER UT 84020-2315

PALMETTO HEALTH BAPTIST
293 GREYSTONE BLVD
Columbia SC 29210-8004

PETERSON'S PLANTE INTERNAL
PO BOX 126
Concord NC 28026-0126

PROGRESSIVE NORTHERN INSURANCE
PO BOX 55126
Boston MA 02205-5126

(p) SOUTHERN MANAGEMENT
PO BOX 1947
GREENVILLE SC 29602-1947

RECEIVABLE SOLUTIONS
1325 GARNERS LN
STE C
Columbia SC 29210-8327

REGIONS BANK
PO BOX 2409
Houston TX 77252-2409

RICHLAND COUNTY TREASURER
PO BOX 11947
Columbia SC 29211-1947

SAFCO
PO BOX 3475
Toledo OH 43607-0475

SANDHILLS PEDIATRICS
1749 MARSHALL ST
Columbia SC 29203-6952

SC DEPT OF REVENUE
PO BOX 12265
Columbia SC 29211-2265

SC DEPT OF SOCIAL SERVICES
SNAP PROGRAM
PO BOX 1520
Columbia SC 29202-1520

SC INTERNAL MEDICINE
PO BOX 11416
COLUMBIA SC 29211-1416

(p) SC STATE EDUCATION ASSISTANCE AUTHORITY
PO BOX 102425
COLUMBIA SC 29224-2425

SFC Central Bankruptcy
PO Box 1893
Spartanburg, SC 29304-1893

SISTERS OF CHARITY PROVIDENCE
110 GATEWAY CORP BLVD, STE 200
Columbia SC 29203-8922

SOUTHERN AUTO FINANCE COMPANY c/o
PERITUS PORTFOLIO SERVICES II, LLC
P.O. Box 141419
IRVING TX 75014-1419

(p) SPRINT NEXTEL CORRESPONDENCE
ATTN BANKRUPTCY DEPT
PO BOX 7949
OVERLAND PARK KS 66207-0949

TD BANK
PO BOX 129
Thorofare NJ 08086-0129

TMOBILE
PO BOX 2147
Southgate MI 48195-4147

US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia SC 29201-2862

United Student Aid Funds, Inc (USAF)
PO Box 8961
Madison WI 53708-8961

VERIZON
PO BOX 55126
Boston MA 02205-5126

Wells Fargo Bank, N.A
P.O. Box 45038 MAC Z3057012
Jacksonville, FL 322325038

Jason T. Moss
Moss & Associates, Attorneys, P.A.
816 Elmwood Avenue
Columbia, SC 29201-2027

Tiffany Denise Mack
415 Elders Pond Circle
Columbia, SC 29229-7184

US Trustee's Office
Strom Thurmond Federal Building
1835 Assembly Street
Suite 953
Columbia, SC 29201-2448

William K. Stephenson Jr.
PO Box 8477
Columbia, SC 29202-8477

BOND FINANCE
3902 TWO NOTCH ROAD
Columbia SC 29204

Document
6432 TWO NOTCH ROAD
Columbia SC 29203

SC State Education Assistance Authority
PO Box 102425
Columbia, SC 29224

SPRINT
PO BOX 7949
Overland Park KS 66207

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)ECMC
P.O. Box 16408
St. Paul, MN 55116-0408

(d)ECMC
PO BOX 16408
ST. PAUL, MN 55116-0408

End of Label Matrix	
Mailable recipients	54
Bypassed recipients	2
Total	56